

Guidance Document for processing PM-JAY packages

Internal fixation of pelviacetabular fracture

Procedures covered/ procedure count:1

Specialty: Polytrauma

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Internal fixation of pelviacetabular fracture	Internal fixation of pelviacetabular fracture	S600005	ST006A	40,000	10 days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ equivalent (General Surgery/Orthopedic surgery)

Special empanelment criteria/linkage to empanelment module: Functional Operation Theatre

Disclaimer:

For monitoring and administering the claim management process of Management of **Internal fixation of pelviacetabular fracture**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to the ICMR poster and other relevant material as per the extant professional norms.

PART I: Guidelines for Clinicians and Healthcare Providers

1.1 Objective:

The purpose of this document is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Pelvic acetabular fracture is a common kind of fracture, mostly caused by high energy injuries. It is associated with high mortality and disability rates. The fatality rate is as high as 13.4%, and more than half of patients have other complications¹. At the same time, pelvic fractures are associated with high rates of disability.

The aim of surgical treatment of pelvic acetabular fractures is to restore the symmetry and stability of the pelvic ring structure and the anatomical structure of acetabular. Open reduction

internal fixation is often used for the treatment of such fractures, but open surgery is in cases of serious injury, more bleeding, and high risk of infection. With the development of minimally invasive technology and the concept of the bone channel structure, the percutaneous lag screw technique for the treatment of pelvic and acetabular fractures has been applied in clinical practice and has proven to be effective. However, the anatomical structure of the pelvis and acetabulum is complex, and there are many important nerves and vessels adjacent to it. Traditional fluoroscopy screw placement is prone to screw malposition, and even minor angle changes may lead to screw perforation and damage of nerve vessels.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Internal fixation of Pelviacetabular fracture
i. At the time of Pre-authorization	
a. Clinical Notes detailing the injury and need for surgery	Yes
b. Medico legal case report/ FIR copy of accident if due to road traffic accidents (optional)	Optional
b. X-ray/ CT report of pelvis	Yes
ii. At the time of claim submission	
a. Indoor case papers	Yes
b. Procedure/ Operation notes	Yes
c. Detailed discharge summary	Yes
d. Post-op clinical photograph of patient	Optional

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

Mandatory document	Internal fixation of pelviacetabular fracture
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i. At the time of Pre-authorization	
a. Clinical notes – details of accident, signs & symptoms, indication for surgery?	Yes
b. Was the Medico legal report/ FIR copy of the accident submitted? if due to road traffic accidents (optional)	Optional
c. Did X-ray/ CT report suggest pelviacetabular fracture?	Yes
ii. At the time of claim submission	
a. Were the indoor case papers submitted?	Yes
b. Are the detailed Procedure/ Operation notes submitted?	Yes
c. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes
d. Did the post op clinical photograph show repair of injury?	Optional

PART III: GUIDELINES FOR IT

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

1. Was X-ray/ CT chest report suggestive of pelviacetabular fracture? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References

1. Wu XB, Wang JQ, Sun X, Zhao CP. Guidance for Treatment of Pelvic Acetabular Injuries with Precise Minimally Invasive Internal Fixation Based on the Orthopaedic Surgery Robot Positioning System. *Orthop Surg.* 2019;11(3):341-347.